

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

957833

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						61						
2		1					62						
3							63						
4		1					64						
5							65						
6		1					66						
7							67						
8		1					68						
9							69						
10		1					70						
11							71						
12		1					72						
13							73						
14		1					74						
15	1						75						
16		1					76						
17							77						
18		1					78						
19							79						
20		1					80						
21							81						
22		1					82						
23							83						
24		1					84						
25							85						
26		1					86						
27							87						
28		1					88						
29							89						
30		1					90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	2						TOTAL IND.						
TOTAL DEP.	28						TOTAL DEP.						
TOTAL CLAIMS	30						TOTAL CLAIMS						